

BEST AVAILABLE COPY

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ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	R H		4/1/29
<b>O.I.P.E. CLASSIFIER</b>	A S	943	12-12-1
<b>FORMALITY REVIEW</b>	HZ	72	63
<b>RESPONSE FORMALITY REVIEW</b>			

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
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Claim	Date
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Claim	Date
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148	7/8/29
149	7/8/29
150	7/8/29

If more than 150 claims or 10 actions  
staple additional sheet here

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